

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index 104	
County of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	or _____	Co. Register No. <u>98</u>	
City of _____	(No. _____ St; _____ Ward)	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Leslie James Clark</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other <u>One</u>	and	Legitimate <u>Yes</u>
Date of Birth <u>Apr 19</u>	Month <u>Apr</u>	Day <u>19</u>	Yr. <u>1915</u>
FATHER		MOTHER	
Full Name <u>Yulee Strange Clark</u>	Full Maiden Name <u>Barrie Ellen Fagin</u>		
Residence <u>Miami - Ariz.</u>	Residence <u>Miami - Ariz.</u>		
Color or Race <u>White</u>	Age at last Birthday <u>31</u>	Color or Race <u>White</u>	Age at last Birthday <u>23</u>
Birthplace <u>Texas</u>	(Years)	Birthplace <u>Mexico</u>	(Years)
Occupation <u>Plasterer</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>5</u>	Number of children, of this mother, now living <u>5</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Apr 19 1915, at 2:45 A.M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) P. N. Hardy M.D.
(Attending physician, midwife, householder. *)
Address Miami, Ariz.
Given or christian name added from a supplemental report _____ 191____
332-419-365
COUNTY REGISTRAR.
Filed Apr 25 1915
Filed May 5 1915 A True Copy
LOCAL REGISTRAR.
COUNTY REGISTRAR.